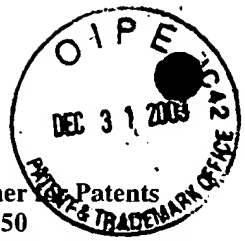
PTO/SB/21



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3622

AMENDMENT TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No.: 23696
Attorney Docket No.: 000381
In Re Application of: Jacobs et al.
Serial Number: 09/728,065
Filed: December 1, 2000
Examiner: R. Alvarez
Group Art Unit: 3622

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GROUP 3600

Dear Sir:

Transmitted herewith for filing is a Response to Restriction Requirement w/one-month extension of time in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	96	96	0	x $18 =	$0
Independent**	1	3	0	x $86 =	$0
Multiple Dependent Claim(s): ☐ Yes ☒ No				$290	$0
EXTENSION FEES		☒ One Month		$110	$110
		☐ Two Months		$420	$0
		☐ Three Months		$950	$0
TERMINAL DISCLAIMER				$110	$0
				TOTAL FEE	$110

*If the number in column a is less than 20, enter 0 in column c.
**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of $_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of $110. The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: December 29, 2003

Signature: Robert J. O'Connell

Robert J. O'Connell, Reg. No. 44,265
(858) 651-4361

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
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